PRINTED: 12/30/2015 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL090007 12/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE BROOKDALE UNION PARK MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 000} Initial Comments {C 000} The following Plan of Correction is for Report of a Follow-Up Construction Survey by Ed Brookdale Union Park. The following plan Miller and Bob Getchell on December 9, 2015. of correction is in regards to the The following deficiencies cited during the Statement of Deficiencies dated 12.09.15. pervious Biennial Construction Survey, have not been satisfactorily corrected and will require a This Plan of Correction is not to be new Plan of Correction. construed as an admission of our agreement with the findings and (C 189) (C 189) Building Equipment Maintained Safe, Operating conclusions in the Statement of SECTION .0300 - PHYSICAL PLANT Deficiencies, or any related sanction or 10A NCAC 13F .0311 OTHER fine. Rather, it is submitted as REQUIREMENTS (a) The building and all fire safety, electrical. confirmation of our ongoing efforts to mechanical, and plumbing equipment in an adult comply with statutory and regulatory care home shall be maintained in a safe and requirements. In this document we have operating condition. (k) This Rule shall apply to new and existing outlined specific actions in response to facilities with the exception of Paragraph (e) which shall not apply to existing facilities. the identified issues. We have not provided a detailed response to each allegation or finding, nor have we This Rule is not met as evidenced by: 1-Based on observation, the facility was not identified mitigating factors. maintained in a safe manner due to breaches of the one-hour roof/ceiling assembly construction that has invalidated its integrity. This could affect all residents and staff in the event that fire and/or smoke is not contained in a room or compartment of origin. Ceiling sheet POUR repaired work complete as of Findings on 12/9/2015: The ceiling sheet-rock construction has been damaged due to moisture around ceiling HVAC diffusers and at construction joints in the

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

2-Based on observations, the facility fire

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1.12.10.

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exterior Porch outside Room 40.

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 12/09/2015 HAL090007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1316 PATTERSON AVENUE BROOKDALE UNION PARK MONROE, NC 28112 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) {C 189} {C 189} Continued From page 1 protection equipment was not maintained in a safe manner. This could effect all residents and staff by not providing full sprinkler coverage upon activation. Findings on 12/9/2015: dupped aprimeter heads serviced a repaired as of 1.12.14. MT+or The following locations had dropped sprinkler head escutcheons: Main Laundry Room, Rooms 36 Bathrooms. 4-Based on observations, this facility has not maintained in a safe manner and operating designu to monitor. condition because the portable medical oxygen cyclinders are not being properly handled/stored. This could effect all residents, staff or visitors if the cylinders fell on the floor surface breaking the valves, propelling the cylinders and turning into a dangerous projectile. 02 hottes all Invades a) of 1.12.14. the or designed to minited. Finding on 12/9/2015: Oxygen bottles of various sizes were not stored in approved racks located in the clothes closet in Room 49. 5-Based on observations, this facility has not maintained the fire protection of resident rooms by converting the rooms for excessive storage that have increased the fire load of a space that is not designed for the additional fire protection. This could effect all residents and staff in the event that fire and/or smoke is not contained in the room. Hims removed as of Findings on 12/9/2015: Room 49 had at least 6 bed mattresses and frames, boxes with stored items. 1.121U.

(C 199) Exhaust Ventilation

(C 199)

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING \_ 12/09/2015 HAL090007 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1316 PATTERSON AVENUE BROOKDALE UNION PARK MONROE, NC 28112 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) (C 199) (C 199) Continued From page 2 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff by subjecting them to house-keeping odors. Findings on 12/9/2015: No mechanical exhaust ventilation has been MT ordered replacement fans on Buch others sun being incornect model. MThinstall within 1 provided in the Mop Sink closet that is located at the Kitchen. 2-Based on Observation, the facility failed to provide an environment in accordance with this Rule by not providing ventilation where odors are generated. This could affect residents and staff WK of delivery. by subjecting them to house-keeping odors. Findings on 12/9/2015: The mechanical exhaust fans are not

exhausting interior air in the East Wing

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 R B. WING\_ HAL090007 12/09/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1316 PATTERSON AVENUE BROOKDALE UNION PARK MONROE, NC 28112 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {C 199} {C 199} Continued From page 3 Bathrooms for Rooms 35 to 46, East Wing Mechanical Room and in the Bathroom for Room 49 that are not operating when switched to the on position.

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